



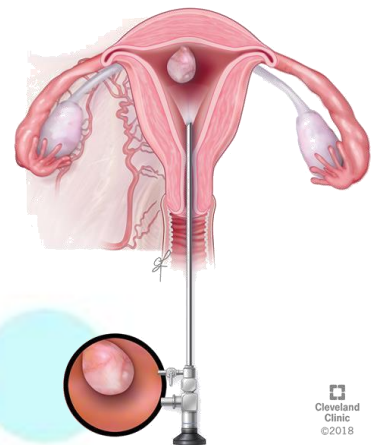
Operation Information

Hysteroscopy, Dilation & Curettage (D&C)

Introduction

Hysteroscopy is a minimally invasive intervention that allows the doctor to view and operate in the endometrial cavity by passing a long and narrow telescope through the vagina to the uterus.

Dilation & Curettage is a procedure to collect uterine lining for diagnosing, and/or treating intrauterine and endocervical problems. “Dilation” refers to opening of the cervix. “Curettage” refers to removal of tissue within the uterus with an instrument called curette.



Indications

1. Abnormal uterine bleeding.
2. Suspected Müllerian anomalies (a congenital disorder associated with malformation of internal genitalia).
3. Collection or removal of abnormal growth of endometrium and products of conception.
4. Removal of foreign body.

Source:

<https://my.clevelandclinic.org/health/treatments/10142-hysteroscopy>

Outcomes

It is expected that the inner uterine cavity is examined and abnormal lesion(s) are identified and removed.

Procedures

1. The operation is performed under general anaesthesia or regional anaesthesia.
2. A speculum is placed within the vagina.
3. The cervix is gradually dilated.
4. A hysteroscope is inserted into the uterus.
5. An instrument is then inserted into the uterus.
6. Tissue or polyp inside the uterus is collected and will be sent for pathology examination.

Possible Risks and Complications

1. Bleeding is often mild. However, it may be severe in patients with retained products of conception.
2. Infection rarely occurs.
3. Laceration of the cervix is not common.
4. Scarring or adhesions of the uterine lining rarely occurs.
5. Uterine perforation is not common (0.12-3%) and seldom causes damage to other organs. It is of higher likelihood in procedures for treating uterine bleeding.
6. Small lesions can still be missed despite a negative hysteroscopic finding.
7. Anaesthetic complications such as heart attack, stroke and venous thromboembolism.

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse if you are pregnant or suspect pregnancy.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. Good hygiene can prevent surgical wound infection. Please take a shower on the day of operation.
5. Do not drive to attend the procedure, as anaesthesia can slow your reflexes and thought processes in hours following the procedure. Thus, you are advised to be accompanied by a family member.
6. If the procedure is done under general anaesthesia, no food or drink six hours before operation.
7. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. Inform the nurse immediately in the event of massive vaginal bleeding, abdominal distention or abdominal pain (pelvic cramps).

Diet

A normal diet may be resumed as instructed after recovery from general anaesthesia.

Advice on Discharge

1. Mild cramping for a few days is normal. Please take the pain-killer as prescribed.
2. Blood stained or dark brown vaginal discharge may last for 3 weeks.
3. Avoid swimming until the vaginal discharge has stopped.
4. Avoid using tampons, douching and sexual intercourse for 6 weeks.
5. You can bath as usual.
6. Avoid heavy lifting and strenuous activities for 4-6 weeks.
7. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding or foul-smelling discharge, increase abdominal pain (pelvic cramps) or cramps lasting more than 72 hours, abdominal distension, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms.
8. Should attend follow-up consultations 2 weeks later or as the date instructed by your doctor.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

